

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007093

STATE FILE NUMBER

TE  
IB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 24

FILED FEB 26 1962

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp		c. CITY OR TOWN Wright City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co Memorial Hosp		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Julius William Boehmer		4. DATE OF DEATH Feb 18 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/16/09
9. AGE (last birthday) 52		IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY M.F.A.	
11. BIRTHPLACE (City and state or country) Warren CO MO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME William Boehmer		13b. MOTHER'S MAIDEN NAME Matilda Segar	
14. NAME OF HUSBAND OR WIFE Clara Boehmer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NO		17. INFORMANT Address Clara Boehmer Wright City MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE BLOOD LOSS DUE TO (b) RUPTURE OF SMALL BOWEL, SMALL BOWEL DUE TO (c) BOWEL MESENTERY AND MESENTERIC ARTERY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 8 HRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RUPTURE OF SPLEEN - MINOR -		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) AUTO ACCIDENT, WRIGHT CITY, MO	
20c. TIME OF INJURY 10:00 a.m.	Month, Day, Year 2 19 62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) STREET		20f. CITY, TOWN, OR LOCATION COUNTY STATE WRIGHT CITY WARREN MO	
21. I attended the deceased from 2-18-62 to 2-18-62 and last saw him alive on 2-18-62		Death occurred at 6:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE - (Degree or title) Louis P. Helms MD		22b. ADDRESS Troy MO	
22c. DATE SIGNED 2/21/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 2/21/62		23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery	
23d. LOCATION (City, town, or county) Wright City MO		24. FUNERAL DIRECTOR Nieburg Furn & Und CO Wright City	
25. DATE RECD. BY LOCAL REG. 2-21-1962		26. REGISTRAR'S SIGNATURE Charlotte Leek	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

MO (Licensed Embalmer's Statement on Reverse Side)

FEB 28 1962

APR 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Julius J. Neberg*

Licensed Embalmer No.

*3366*

P. O. Address

*Wright City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.